2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002825

FILED Apr 30, 2004 Secretary of State

Entity Name: THE CHRISTIAN GIRLS CLUBS MINISTRIES, INC.

Current Principal Place of Business:					New Principal Place of Business:				
1000 BROWARD RD 518					5201 ATLANTIC BLVD JACKSONVILLE, FL 32207 US				
JACKSONVILLE, FL 32218 US									
Current Mailing Address:					New Mailing Address:				
P.O. BOX 9 JACKSON\	9665 VILLE, FL 3220	08 US							
FEI Number:	59-3199968	FEI Numi	ber Applied For()	FEI Nun	nber Not Appli	cable ()	Certif	icate of Status Des	ired()
Name and	Address of C	urrent Re	egistered Agent:		Name and	Address o	f New R	egistered Agen	t:
ALLEN, ANITA VERNEL C DR 1000 BROWARD RD 518 JACKSONVILLE, FL 32218 US					ALLEN, ANITA VERNEL C DR 5201 ATLANTIC BLVD JACKSONVILLE, FL 32207 US				
	named entity s of Florida.	ubmits th	is statement for the p	urpose o	f changing it	s registere	d office o	r registered agei	nt, or both,
SIGNATUR	RE:					04/30/2004			
	Electroni	c Signatu	re of Registered Age	nt				Date	_
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	T () WILLIAMS, BEU 1240 HARTS ST JACKSONVILLE	i	1		Title: Name: Address: City-St-Zip:		() Chang	e () Addition	
Title: Name: Address: City-St-Zip:	VPD () ALLEN, WILNITA 9431 THOMAS D JACKSONVILLE	OUKES COL			Title: Name: Address: City-St-Zip:	VPD ALLEN, WIL 5201 ATLAN JACKSONV	NITA T NTIC BLVD	e () Addition	
Title: Name: Address: City-St-Zip:	D () DAVIS, SERENA 5768 CARVER O JACKSONVILLE	CIR			Title: Name: Address: City-St-Zip:		() Chang	e () Addition	
Title: Name: Address: City-St-Zip:	PD () ALLEN, ANITA 9431 THOMAS D JACKSONVILLE				Title: Name: Address: City-St-Zip:	PD ALLEN, ANI 5201 ATLAN JACKSONV	TA NTIC BLVD	e () Addition	
Title: Name: Address: City-St-Zip:	S () GIBSON, JESSII 1601 AVE M FORT PIERCE, I				Title: Name: Address: City-St-Zip:		() Chang	e () Addition	
Title: Name: Address: City-St-Zip:	CD () CARSWELL, AD 7925 MERRILL I JACKSONVILLE	ROAD APT			Title: Name: Address: City-St-Zip:		() Chang	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADDIE CARSWELL CD 04/30/2004